



# Summer Camp 2019

## The Family YMCA of Southeast Mississippi

MEMBER # \_\_\_\_\_

FAMILY YMCA

PETAL YMCA

NON-MEMBER

**PLEASE NOTE: Registration fee & 1<sup>st</sup> week's payment MUST accompany this form.**

### CHILD'S INFORMATION – PLEASE PRINT

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ GENDER:  MALE  FEMALE

PREFERRED NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_ TSHIRT SIZE: Youth \_\_\_\_\_ Adult \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ GRADE COMPLETED IN MAY 2019: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_

Ethnicity:  Asian  African/American  Hispanic  Native American  Caucasian  Other \_\_\_\_\_

### PARENT(S)/GUARDIAN(S) INFORMATION – PLEASE PRINT

**GUARDIAN #1 NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **PRIMARY PHONE:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **WORK PH:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

Ethnicity:  Asian  African/American  Hispanic  Native American  Caucasian  Other \_\_\_\_\_

**GUARDIAN #2 NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **PRIMARY PHONE:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **WORK PH:** \_\_\_\_\_ **D.O.B. :** \_\_\_\_\_

Ethnicity:  Asian  African/American  Hispanic  Native American  Caucasian  Other \_\_\_\_\_

### CONTACTS IN CASE OF AN EMERGENCY IF PARENT CANNOT BE LOCATED

NAME:	PHONE:	RELATIONSHIP:
1. _____	_____	_____
2. _____	_____	_____

**PARENTS PLUS OTHERS AUTHORIZED TO PICK UP/BRING YOUR CHILD TO CAMP:**  
*Must be prepared to show picture ID. See Handbook.*

NAME:	PHONE:	RELATIONSHIP:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**PARENT OR GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

My child has special needs:  Yes  No If Yes, list:

\_\_\_\_\_

\_\_\_\_\_

**PARENT or GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission For Enrollment and Release of The Family YMCA of Southeast Mississippi, Inc., from Liability:** I am an adult over 18 years of age and wish to participate in **The Family YMCA of Southeast Mississippi Inc.,** activities and/or I give my children permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury loss or damage connected in any way whatsoever to my (or my children's) participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY MEDICAL TREATMENT

**PLEASE NOTE:** In case of emergency, if your child is transported to a medical facility, The Family Y/Petal Family Y will not assume responsibility for medical costs incurred. **You will be responsible for these costs.** We expect you to have personal medical insurance to respond to your child's sickness or injury. If you are unable to afford personal insurance, you will be expected to carry "CHIP" Children's Health Insurance Program, from the State of Mississippi. Insurance carried by The Family Y/Petal Family Y is designed to be secondary to personal insurance. In the event the secondary insurance from The Family Y/Petal Family Y is utilized, you will be responsible for the \$100 deductible per injury.

The Family Y has permission to obtain emergency medical treatment for my child.

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_ LIST ALLERGIES YOUR CHILD MAY HAVE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY ID#: \_\_\_\_\_ GROUP# \_\_\_\_\_

I RECEIVED A CHIP APPLICATION (if needed): SIGNATURE \_\_\_\_\_ WITNESS: \_\_\_\_\_

### PHOTOGRAPHY/VIDEO PERMISSION

I  **DO**  **DO NOT** give my permission for my child to be photographed or videotaped at The Family Y/Petal Y and use the resulting photographs for any purpose The Family Y deems proper and I relinquish all rights, title and interest in the finished photographs and negatives.

CHILD'S NAME: \_\_\_\_\_

SIGNATURE: (Parent or Guardian) \_\_\_\_\_ DATE: \_\_\_\_\_

### FIELD TRIP/TRANSPORTATION PERMISSION

My child  **DOES**  **DOES NOT** have permission to participate in field trips and special activities at The Family Y/Petal Y. I understand that I will receive additional information before each individual trip/activity and will make arrangements with the center if I do not wish for my child to participate.

CHILD'S NAME: \_\_\_\_\_

SIGNATURE: (Parent or Guardian) \_\_\_\_\_ DATE: \_\_\_\_\_

### PARENT/GUARDIAN AGREEMENT AND DISCLAIMER

The undersigned does hereby acknowledge that he/she has received a copy of the Parent Handbook, which includes a summary of Mississippi standards for childcare centers, child abuse laws, and communicable disease regulations. That he/she has read and understands its contents, and that all policies aforesaid will be complied with by the undersigned. The undersigned hereby certifies to comply with the terms and conditions concerning fee payment and medical requirements concerning his/her child.

SIGNATURE: (Parent or Guardian) \_\_\_\_\_ DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

# Summer Camp 2019

## REGISTRATION PAYMENT SHEET

To Be Completed By YMCA Staff

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Location:      The Family YMCA      Petal Family YMCA

Payment Plan:      Full Time      Drop-In

➤ Child's Name: \_\_\_\_\_

YMCA Member Number \_\_\_\_\_

Program Member Number \_\_\_\_\_

Scholarship Amount to Pay \_\_\_\_\_

➤ Group Assignment \_\_\_\_\_

### Registration, Field Trips:

(No scholarships/discounts) NON- REFUNDABLE

Full time - \$80.00 per child     \_\_\_\_\_

Drop-in - \$80.00 per child     \_\_\_\_\_

### FIRST WEEK:

1<sup>ST</sup> CHILD:     \_\_\_\_\_

2<sup>ND</sup> CHILD - \$5 DISCOUNT     \_\_\_\_\_

3<sup>RD</sup> CHILD - \$5 DISCOUNT     \_\_\_\_\_

Total Due:     \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_

# CHECK LIST

# Summer Camp 2019

**YMCA Personnel: Use this form to check each area of the application for completion. All sections must be completed and payment received to finalize registration.**

\_\_\_\_\_ 1. Application

\_\_\_\_\_ Parent/Guardian Information with Date of Birth

\_\_\_\_\_ Emergency Contact (other than parent or guardian, over age 18).

\_\_\_\_\_ Parental authorization (signed and dated) for people authorized to pick-up and drop off child.

\_\_\_\_\_ Special Needs (signed and dated)

\_\_\_\_\_ YMCA Permission for Enrollment and Release

\_\_\_\_\_ Parent/Guardian authorization (signed and dated) for emergency medical treatment.  
This must include insurance information.

\_\_\_\_\_ Parent/Guardian authorization (signed and dated) for any photography/video of participant.

\_\_\_\_\_ Parent/Guardian authorization (signed and dated) for field trips/transportation.

\_\_\_\_\_ 2. Enrollment/Payment Policy (signed and dated)

\_\_\_\_\_ 3. Copy of Payment Policy/Schedule of Payments given to parent/guardian

\_\_\_\_\_ 4. Registration Payment Sheet (for staff)

\_\_\_\_\_ 5. Copy of Camp Policies and Procedures (given to parent/guardian), which includes Mississippi Child Abuse Law and Child Care Regulation Summary for Parents

**All information above is complete as initialed.**

**Date Completed:** \_\_\_\_\_

**Signature of Staff:** \_\_\_\_\_

**Information Updated Date:** \_\_\_\_\_ **Staff:** \_\_\_\_\_

# YMCA Full Time Enrollment/Payment Policy – Summer 2019

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Group: \_\_\_\_\_

## FULL SUMMER CAMP:

- I commit to pay the rates listed below for a minimum of 8 weeks of summer camp from May 28, 2019 until August 2, 2019, regardless of attendance.
- The 2 additional weeks of camp will be billed at the same rate based on attendance.
- Weekly payments are due by Thursday of the week prior to service
- All weekly fees must be PAID IN ADVANCE to reserve a space for the upcoming week.
- Children will not be allowed to attend unless payment has been received.
- Failure to fulfill 8 week commitment will result in the weekly rate being back dated and charged at the Drop-In rate based on attendance.
- A \$5 second child discount will apply to the weekly rate.

Signature: (Parent/Guardian) \_\_\_\_\_

Date: \_\_\_\_\_

**Registration fee: \$80, non-refundable, required with application**

**YMCA Member Rate: \$75 per week (commit to pay for a minimum of 8 weeks)**

**Non-Member Rate: \$95 per week (commit to pay for a minimum of 8 weeks)**

The weeks my child will not attend camp: \_\_\_\_\_ & \_\_\_\_\_.

Please mark the calendar to indicate the weeks your child will NOT attend camp.

MAY						
SUN	MON	TUES	WED	THURS	FRI	SAT
26	27 NO CAMP	28 1ST DAY OF CAMP	29	30	31	JUNE 1

JUNE						
SUN	MON	TUES	WED	THURS	FRI	SAT
2	3	4	5	6	7	8
9	10 ***	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

JULY						
SUN	MON	TUES	WED	THURS	FRI	SAT
JUNE 30	1	2	3	4 NO CAMP	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	AUG 1	2 LAST DAY OF CAMP	3

\*\*\* June 10 is last day to register for Full Summer Camp at the discounted rate

# YMCA Drop-In Enrollment/Payment Policy – Summer 2019

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Group: \_\_\_\_\_

## **DROP-IN SUMMER CAMP: (fees based on attendance)**

- I understand I will be charged based on attendance according to the rates below.
- **Payment is due no later than Thursday of the week prior to service in order to reserve a space for my child.**
- Children will not be allowed to attend unless payment has been received.
- A \$5 second child discount will only apply if both children attend and pay full week rate.

Signature: (Parent/Guardian) \_\_\_\_\_

Date: \_\_\_\_\_

**Registration fee:** \$80, non-refundable, required with application

**YMCA Member Rate:** \$30 per day or \$95 for 3 or more days in a calendar week

**Non-Member Rate:** \$35 per day or \$115 for 3 or more days in a calendar week

Please mark the calendar for all days your child will attend camp.

MAY						
SUN	MON	TUES	WED	THURS	FRI	SAT
26	27 NO CAMP	28 1ST DAY OF CAMP	29	30	31	JUNE 1

JUNE						
SUN	MON	TUES	WED	THURS	FRI	SAT
2	3	4	5	6	7	8
9	10 ***	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

JULY						
SUN	MON	TUES	WED	THURS	FRI	SAT
JUNE 30	1	2	3	4 NO CAMP	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	AUG 1	2 LAST DAY OF CAMP	3

\*\*\* June 10 is last day to register for Full Summer Camp at the discounted rate